

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/535474

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2	X				
3					
4					
5					
6	X				
7					
8	X				
9					
10					
11	X				
12					
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48					
49					
50					
TOTAL IND.	1	↓	1	↓	↓
TOTAL DEP.	7	←	11	←	←
TOTAL CLAIMS	8	[REDACTED]	12	[REDACTED]	[REDACTED]

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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96					
97					
98					
99					
100					
TOTAL IND.		↓		↓	↓
TOTAL DEP.		←		←	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]